

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1						51			
2						52			
3	1					53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	10								
TOTAL DEP.									
TOTAL CLAIMS	10								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									